



STATE OF MARYLAND

# DMMH

**Maryland Department of Health and Mental Hygiene**  
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Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

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**May 21, 2010**

## Public Health & Emergency Preparedness Bulletin: # 2010:19 Reporting for the week ending 05/15/10 (MMWR Week #19)

### CURRENT HOMELAND SECURITY THREAT LEVELS

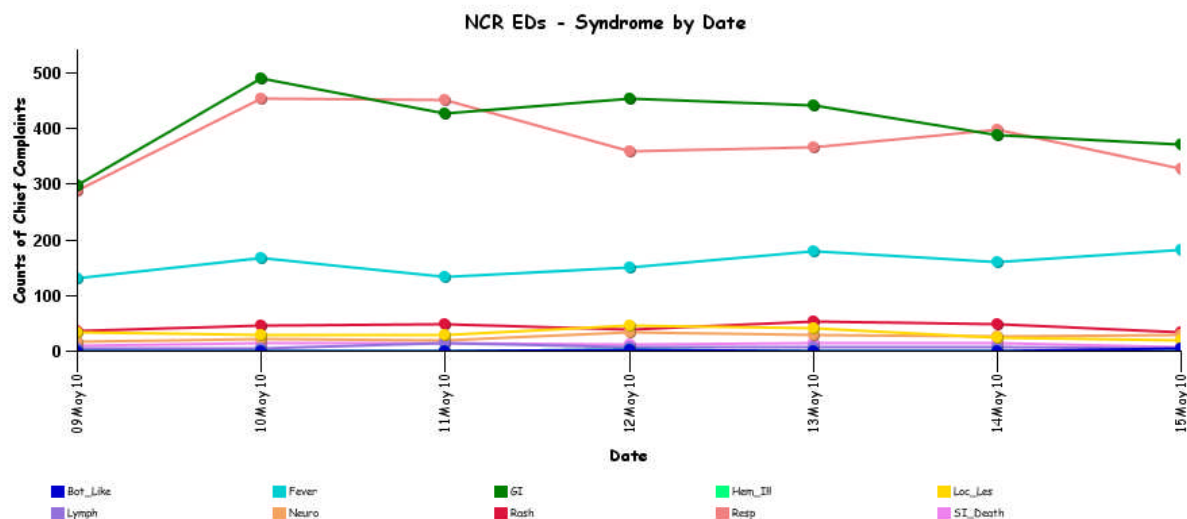
**National:** Yellow (ELEVATED) \*The threat level in the airline sector is Orange (HIGH)  
**Maryland:** Yellow (ELEVATED)

### SYNDROMIC SURVEILLANCE REPORTS

**ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):**

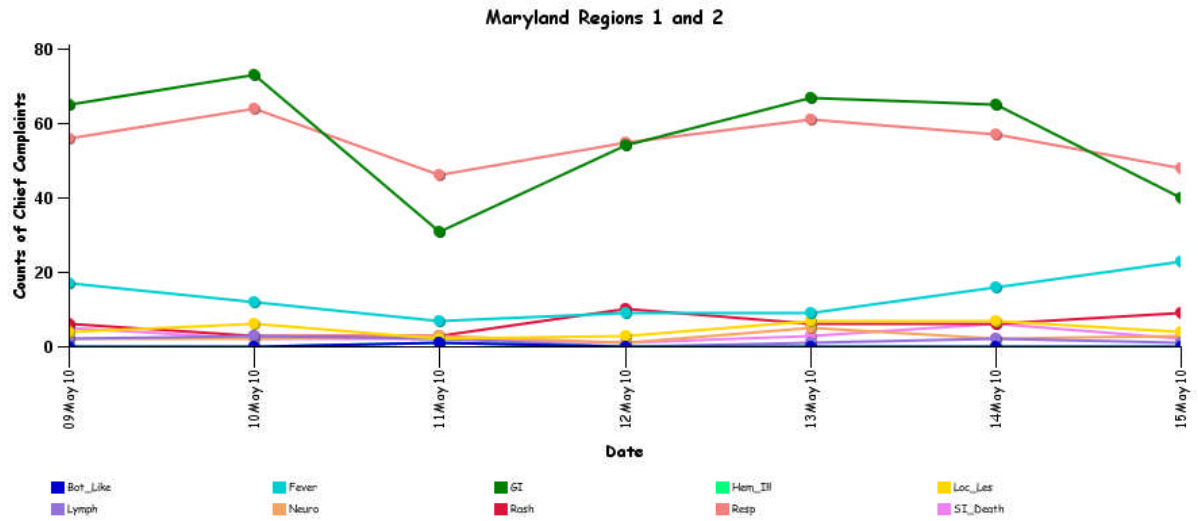
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

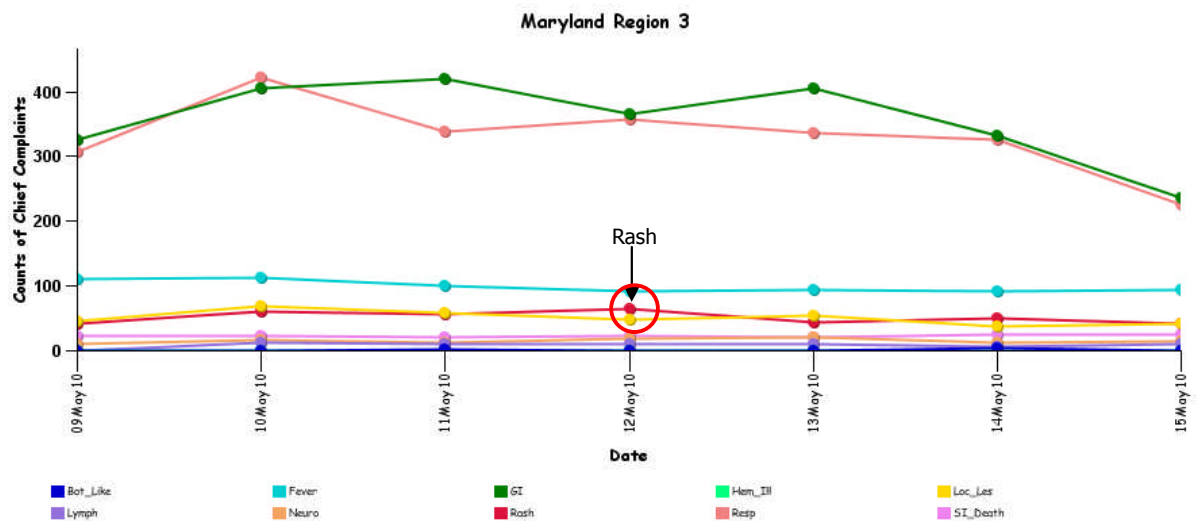


\* Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

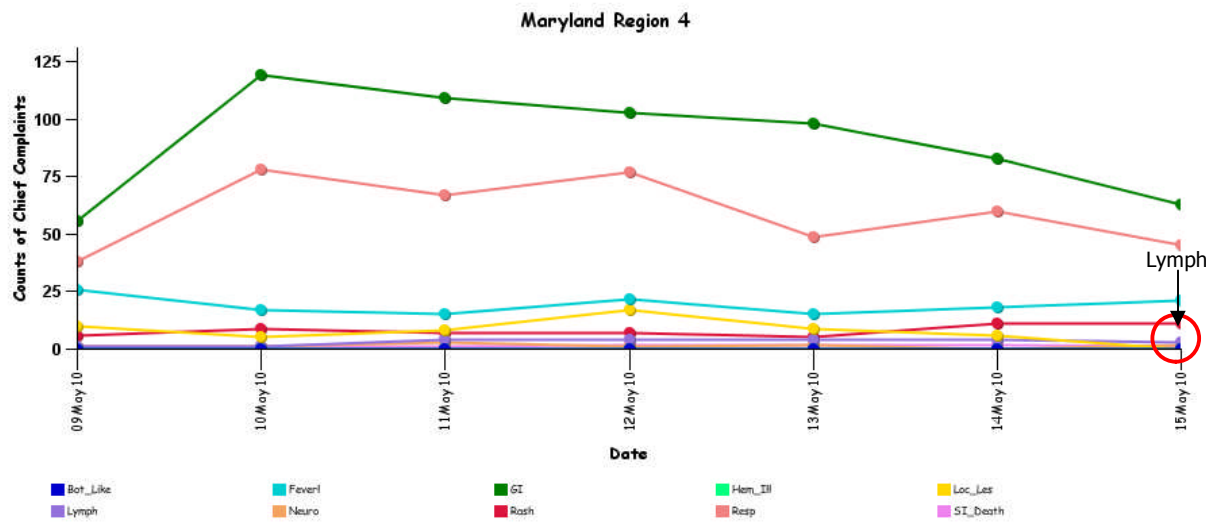
**MARYLAND ESSENCE:**



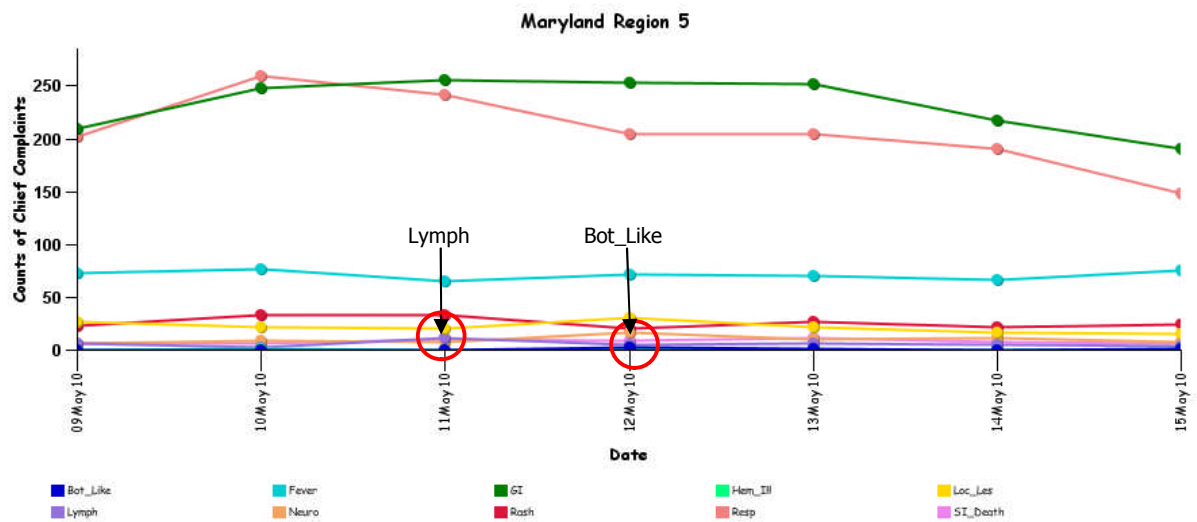
\* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



\* Region 3 includes EDs in Anne Arundel, Baltimore city, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



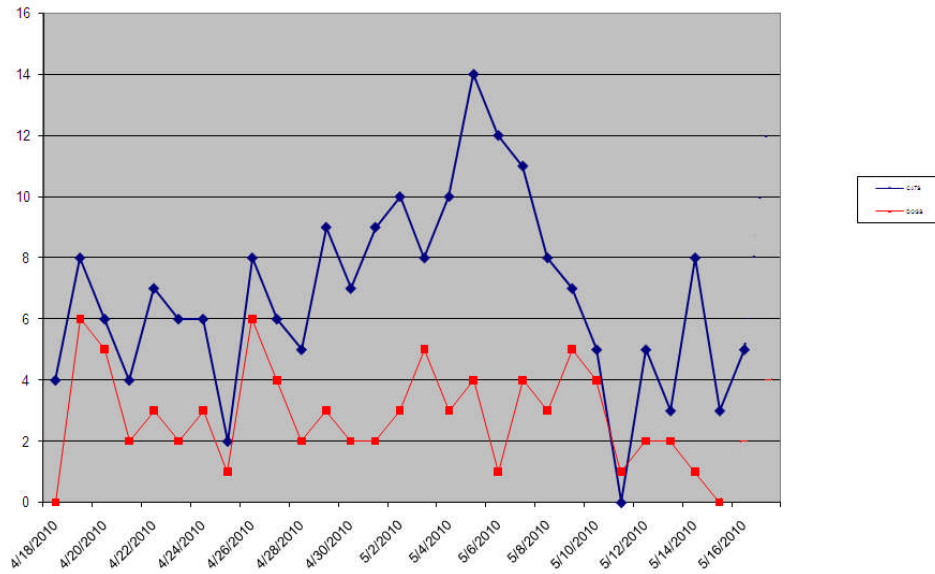
\* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE



\* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

**BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT:** No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

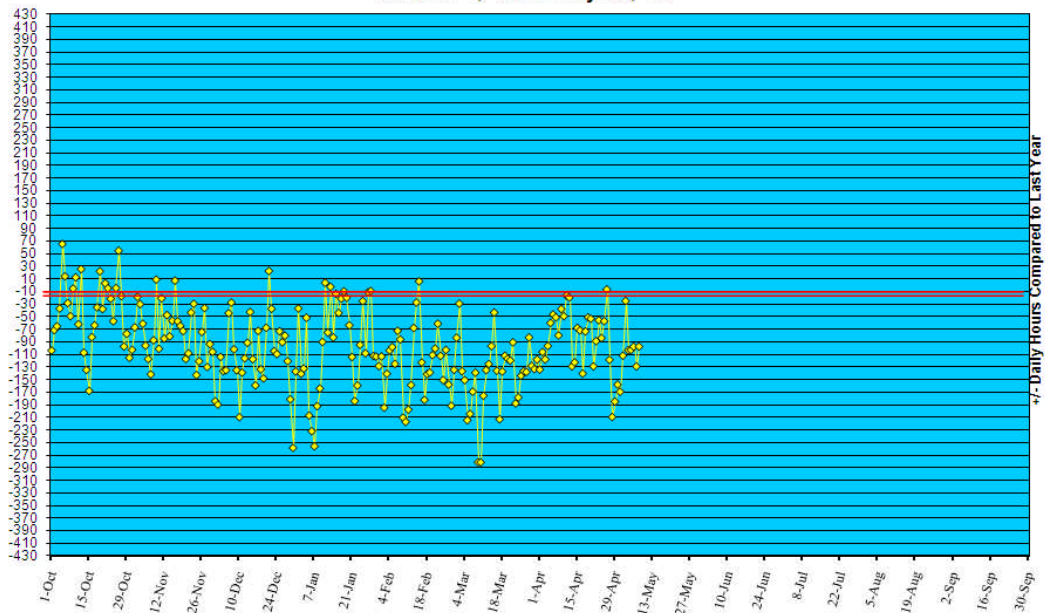
Dead Animal Pick-Up Calls to 311



## REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

**YELLOW ALERT TIMES (ED DIVERSION):** The reporting period begins 10/01/09.

Statewide Yellow Alert Comparison  
Daily Historical Deviations  
October 1, '09 to May 08, '10



## **REVIEW OF MORTALITY REPORTS**

**Office of the Chief Medical Examiner:** OCME reports no suspicious deaths related to an emerging public health threat for the week.

## **MARYLAND TOXIDROMIC SURVEILLANCE**

**Poison Control Surveillance Monthly Update:** Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in April 2010 did not identify any cases of possible public health threats.

## **REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS**

### **COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):**

|                                       |                       |                             |
|---------------------------------------|-----------------------|-----------------------------|
| <b>Meningitis:</b>                    | <b><u>Aseptic</u></b> | <b><u>Meningococcal</u></b> |
| New cases (May 9 - May 15, 2010):     | 11                    | 0                           |
| Prior week (May 2 - May 8, 2010):     | 15                    | 0                           |
| Week#19, 2009 (May 10- May 16, 2009): | 10                    | 0                           |

**4 outbreaks were reported to DHMH during MMWR Week 19 (May 9-15, 2010)**

### **2 Gastroenteritis outbreaks**

1 outbreak of GASTROENTERITIS in a Nursing Home  
1 outbreak of GASTROENTERITIS associated with an Event

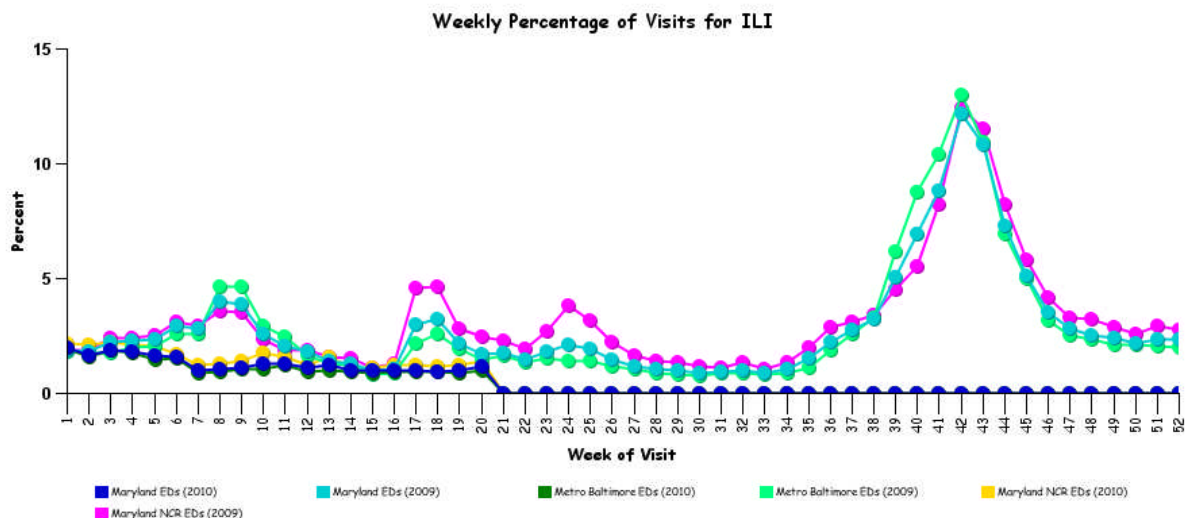
### **2 Rash illness outbreaks**

1 outbreak of SCABIES in an Assisted Living Facility  
1 outbreak of Fifth Disease in a School

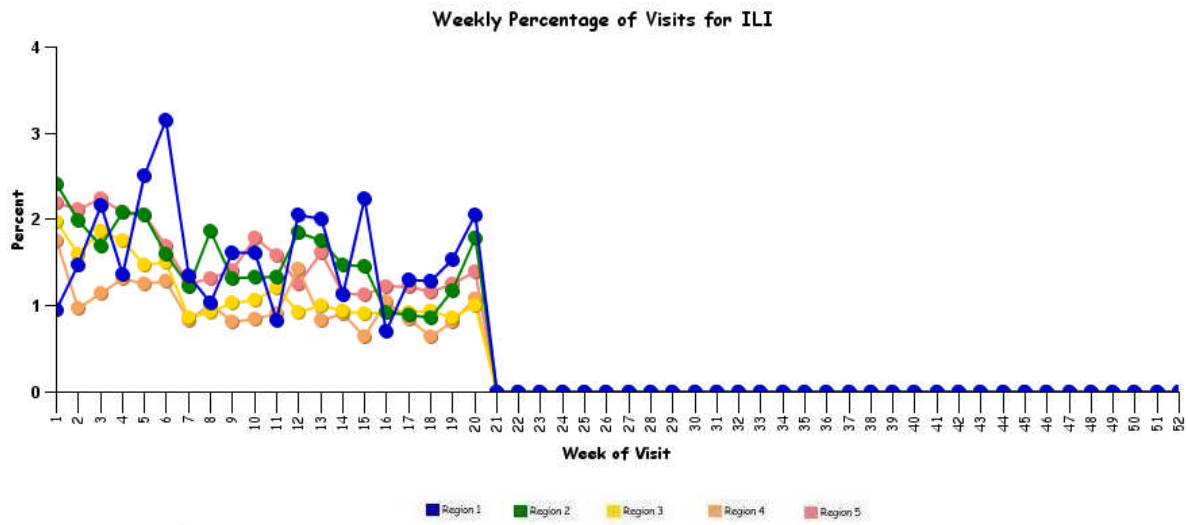
## **SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS**

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



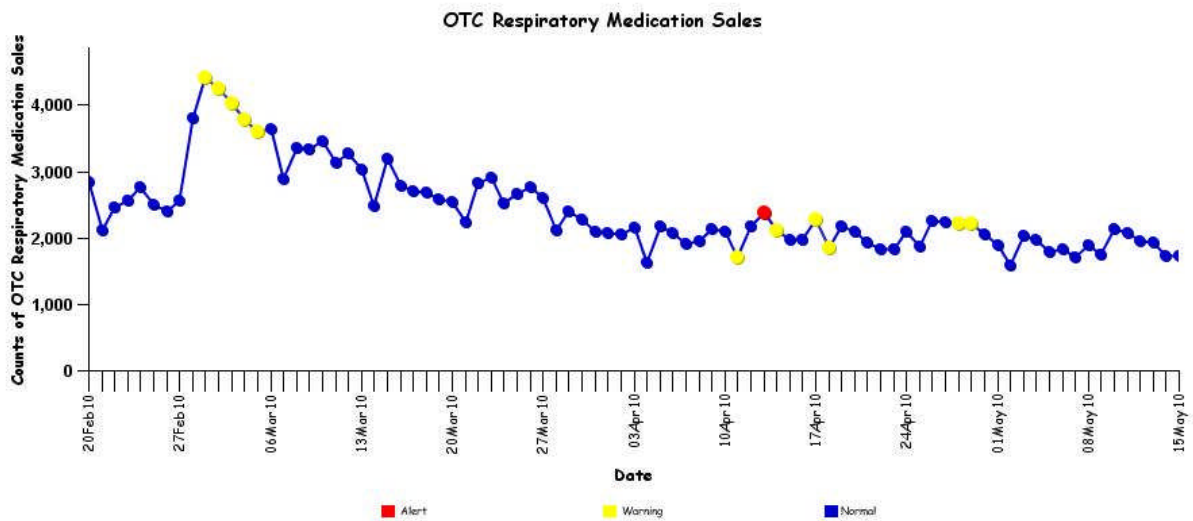
\* Includes 2009 and 2010 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



\*Includes 2010 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

#### OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



## **PANDEMIC INFLUENZA UPDATE:**

**WHO Pandemic Influenza Phase:** Phase 6: Characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way. Definition of Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

**US Pandemic Influenza Stage:** Stage 0: New domestic animal outbreak in at-risk country

\*\*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at:  
[http://bioterrorism.dhmm.state.md.us/Documents/Plans/PandemicInfluenzaResponseAnnex\(Vers7.3\).pdf](http://bioterrorism.dhmm.state.md.us/Documents/Plans/PandemicInfluenzaResponseAnnex(Vers7.3).pdf)

## **AVIAN INFLUENZA-RELATED REPORTS:**

**WHO update:** As of May 06, 2010, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 498, of which 294 have been fatal. Thus, the case fatality rate for human H5N1 is about 59%.

**AVIAN INFLUENZA, HUMAN (LAOS):** 15 May 2010, Animal health officials in Laos today [14 May 2010] reported that the H5N1 avian influenza virus struck a poultry farm in Vientiane, the country's capital, according to a report to the World Organization for Animal Health (OIE). The outbreak killed 44 of the farm's 1004 susceptible layer chickens. The birds started showing symptoms on 27 Apr 2010. Mortality dramatically increased from 1 May through 5 May. The remaining birds were culled to control the spread of the virus, and authorities disinfected the premises and are conducting surveillance in a 5-km [3.1-mile] radius around the farm. The source of the outbreak has not been identified. The outbreak is the country's 1st in more than a year.

**AVIAN INFLUENZA, (PALESTINIAN AUTHORITY, WEST BANK):** 14 May 2010, Bird flu has appeared in the Palestinian Authority [PA]. Following the death of numerous chickens in Tulkarm, the PA sent several dead birds to the laboratories of the Veterinary Services at Beit Dagan. The lab investigation revealed the deadly avian influenza. [Israel's] Ministry of Agriculture Inspection Unit for Fauna and Flora, which carries the responsibility for the control upon animal and plant movements, has intensified its control upon the border crossings, gateways and passages between the West Bank and Israel to prevent smuggling of infected poultry. The Director of Israel's Veterinary Services, Dr Moshe Haimovich, has urged the public to buy poultry and eggs only in regulated stores/enterprises. Last week, the highly pathogenic avian influenza was discovered in the small children's zoo of Kibbutz Ein Gedi, where all avians were destroyed by the inspectors of the Services to prevent the spread of the epidemic.

## **H1N1 INFLUENZA (Swine Flu):**

**INFLUENZA PANDEMIC, SEASONAL VACCINE (H1N1):** The World Health Organisation (WHO) has recommended vaccine strains for the 2010--11 Northern Hemisphere trivalent influenza vaccine, and the Food and Drug Administration (FDA) has made the same recommendations for influenza vaccine composition for the United States. Both agencies recommend that vaccines contain A/California/7/2009-like (2009 H1N1), A/Perth/16/2009-like (H3N2), and B/Brisbane/60/2008-like (B/Victoria lineage) viruses. A seasonal influenza A (H1N1) component is not included in the 2010--11 formulation, and the A (H3N2) component has been changed from A/Brisbane/59/2007 in the 2009--10 Northern Hemisphere vaccine formulation. This recommendation was based on surveillance data related to epidemiology and antigenic characteristics, serologic responses to 2009--10 trivalent seasonal and 2009 H1N1 monovalent vaccines, and the availability of candidate strains and reagents.

### **Resources:**

<http://www.cdc.gov/h1n1flu/>

<http://www.dhmm.maryland.gov/swineflu/>

## **NATIONAL DISEASE REPORTS**

**TULAREMIA, WILDLIFE (COLORADO):** 13 May, 2010, Beavers found dead in western Colorado have likely succumbed to common waterborne bacteria. Colorado Division of Wildlife officials say that several beavers have been found dead in San Miguel and Gilpin counties. The culprit was an outbreak of a [bacterial infection] called tularemia, which can infect animals that spend a lot of time in water. A total of 5 beavers have been found dead near Telluride, and 3 beaver carcasses were reported in Gilpin County. Dr Lisa Wolfe, a state wildlife veterinarian, says outbreaks of tularemia are common and pose little threat to humans. (Tularemia is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

## **INTERNATIONAL DISEASE REPORTS**

**ANTHRAX, HUMAN, LIVESTOCK (INDIA):** 12 May 2010, At least 7 cases of anthrax virus were detected in 2 villages under Kutra Gram Panchayat in Kutra block of Sundargarh district, official sources said today [12 May 2010]. Four persons, including a 4-year-old girl, have acquired symptoms of anthrax disease from Kusumdihi village, while 3 cases were detected from nearby Kiringasira yesterday. All affected persons were admitted to the community health centre at Kutra, and their condition was stated to be improving. The affected persons were [aged 22, 22, 40 (Kiringasira village), 20, 26, 65, and 4 years old (Kusumdihi village)], the sources said. A medical team with sufficient medicines and health workers today [12 May 2010] rushed to the 2 affected villages, and door to door health check-ups have started. The villagers with suspected cases of anthrax were also given preventive medicines. All precautionary measures are being taken to prevent the spread of the disease, Dinabandhu Panda, in-charge of Kutra CHC, who is camping in affected villages, said. People who consume the meat of dead herbivorous animals like cows, goats, and pigs, or who even only touch their hides, can become infected by *Bacillus Anthracis* bacteria. The poor tribals of 2 villages ate and handled a dead cow and a dead sheep a week ago, Panda said. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

## **OTHER RESOURCES AND ARTICLES OF INTEREST**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.dhmm.maryland.gov/>

Maryland's Resident Influenza Tracking System: [www.tinyurl.com/flu-enroll](http://www.tinyurl.com/flu-enroll)

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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